FORM D

UNITED STA SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR DM I IMITED OFFEDING EYEMDTION

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SEC USE ONLY

DATE RECEIVED

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OMB Number: 3235-0076

April 30, 2008 Expires:

Estimated average burden hours per response:

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16.00

Serial

ONII ONII EIMITED OFFERING EXEMITION	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Goldman Sachs PMD Special Opportunity Fund, LLC: Units of Limited Liability Company Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE	
Type of Filing: ☑ New Filing □ Amendment	_
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	
Goldman Sachs PMD Special Opportunity Fund, LLC 07075230	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540 Teleph. (609) 497-5500	
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	
Brief Description of Business To operate as a private investment fund. AUG 2 3 2007	
Type of Business Organization HOWSON	
☐ corporation ☐ limited partnership, already for MANCIAL ☑ other (please specify):	
□ business trust □ limited partnership, to be formed □ Limited Liability Company	
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

State: CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
* Each promoter of the issuer, if the issuer has been organized within the past five years;	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity secure of the issuer; 	rities
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply:	٠.
Full Name (Läst name first, if individual)	•
Timothy J. Ingrassia Collateral Account FBO GS Bank USA	
Business or Residence Address. (Number and Street, City, State, Zip Code)	
Check Boy(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or	
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	
Gregory K. Palm	
Business or Residence Address (Number and Street, City, State, Zip Code)	
925 Park Avenue, New York, NY 10028	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director* General and/or *of the Issuer's Managing Member Managing Partner	•
Full Name (Last name first, if individual)	
Barbetta, Jennifer	•
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Hedge Fund Strategies LLC, 32 Old Slip, New York, New York 10005	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member ☐ Managing Partner	
Full Name (Last name first, if individual)	
Barecca, Philip	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mt. Lucas Road, Princeton, New Jersey 08540	
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner	
Full Name (Last name first, if individual)	
Jassem, Corey	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner	_
Full Name (Last name first, if individual)	
Lane, Eric S.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	

Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer ☑ Director* □ General and/or □ Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner *of the Issuer's Managing Member Full Name (Last name first, if individual) Lukasek, Michael (Number and Street, City, State, Zip Code) Business or Residence Address c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mt. Lucas Road, Princeton, New Jersey 08540 □ Beneficial Owner □ Executive Officer ☑ Director* □ General and/or ☐ Promoter Check Box(es) that Apply: 😘 Managing Partner *of the Issuer's Managing Member Full Name (Last name first, if individual) MacColl, Paget Business or Residence Address (Number and Street, City, State, Zip Code) . c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 Executive Officer ☑ Director* □ General and/or ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: *of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Olson, Kristin (Number and Street, City, State, Zip Code) Business or Residence Address c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or. Managing Partner *of the Issuer's Managing Member Full Name (Last name first, if individual) Restieri, Lawrence J. Jr. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ □ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Beneficial Owner Executive Officer General and/or ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		94	THE STATE OF	B. IN	FORMAT	ION ABC	UT OFFI	ERING		• v t		April 1995
		·	_								Yes	No
1. Has the	e issuer solo	d, or does th	e issuer inte									☑
			A	Inswer also	in Appendi	ix, Column	2, if filing u	ınder ULOI	3.			
2. What is the minimum investment that will be accepted from any individual?								\$				
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts. 3. Does the offering permit joint ownership of a single unit?								Yes ☑	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)									
Goldman,	Sachs & C	Co.										
			Number and	Street, City	y, State, Zip	Code)				-		
85 Broad	Street, Nev	v York, Ne	w York 100	04								
		Broker or Do							•			
			s Solicited (lividual Stat						***********		⊠ Al	l States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
											······································	
Business o	r Residence	e Address (l	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	ealer							,		
			s Solicited						<u> </u>			1 C
,				•								l States
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Business o	r Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)		···				
Name of A	ssociated E	Broker or De	ealer									
			s Solicited lividual Stat						,			All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	0	_	\$_	0
	Equity (Shares)	\$_	0		\$_	0
	□ Common □ Preferred					
	Convertible Securities (including warrants)	\$_	0	_	\$_	0
	Partnership Interests	s _	0	_	\$_	0
	Other (Specify: Units of Limited Liability Company Interests)				\$_	24,825,000
	Total				\$	24,825,000
	Answer also in Appendix, Column 3, if filing under ULOE.				_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number			Aggregate Dollar Amount
			Investors			of Purchases
	Accredited Investors	_	21		\$_	24,825,000
	Non-accredited Investors	_	N/A	_	\$_	N/A
	Total (for filings under Rule 504 only)	_	N/A	_	\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Timo of			Dollar Amount
	Type of offering		Type of Security			Sold
	Rule 505	_	N/A		\$_	N/A
	Regulation A	_	N/A		\$_	N/A
	Rule 504	_	N/A		\$_	N/A
	Total	_	N/A	_	\$_	N/A
tl ti	i.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$_	0
	Printing and Engraving Costs				\$_	0
	Legal Fees				\$_	0
	Accounting Fees		•		\$_	0
	Engineering Fees				\$_	0
	Sales Commissions (specify finders' fees separately)				\$_	0
	Other Expenses (identify)				\$	0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXI	PENS	ES A	ND USE OF PI	KUÇE	ED2) · · · · · · · · · · · · · · · · · · ·
	b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	in response to Part C - Question 4.a	ı. Thi	is		\$_		24,825,000
5.	Indicate below the amount of the adjusted at to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	known of th	1, ie				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees	•••••		s _	0	. 🗆	\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation of	of machinery and equipment		\$	0	. 🗆	\$_	0
	Construction or leasing of plant buildings as	nd facilities		s _	0		\$_	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0
	Repayment of indebtedness			* – \$	0	. – 	\$	0
	Working capital			* – \$	0	. — 	\$	0
	Other (specify): Investment Capital		_	\$ \$	0	- ☑	\$	<u></u>
	Cine (speed)), in common capitalism							34.035.000
	Column Totals			\$	0	- ☑	\$	24,825,000
				_		-	_	24,825,000
	Total Payments Listed (column totals added	l)	••••		⊠ \$	24,82	25,00	00
		D. FEDERAL SIGNATU	no re					·
fe	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the issuer.	signed by the undersigned duly auth by the issuer to furnish to the U.S. S	orized Securit	ies an	d Exchange Comr	nission	, upo	er Rule 505, the n written request
	uer (Print or Type)	Signature			Date		,	
	ldman Sachs PMD Special Opportunity nd, LLC	Jago Mile			August <u> </u>	7		
_	me of Signer (Print or Type)	Title of Signer (Print or Type)						
 Ka	thryn Pruess	Assistant Secretary of the Issuer's	<u>Man</u> a	ging l	Member			
					9	FI	\sqrt{f}	リ

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).